

OIPE JC177  
 SEP 17 2004  
 TRADEMARK OFFICE

Art Unit: 3616

Sir:

**[ X ]** The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate             |   | Additional<br>Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|------------------|---|--------------------------|
| Total Claims:  | 14                      | - | 20                     | = | 0                          | x | \$18.00          | = | \$0.00                   |
| Independent<br>Claims:                               | 1                       | - | 3                      | = | 0                          | x | \$86.00          | = | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         |   |                        |   |                            | + | \$290.00         | = | \$0.00                   |
|  |                         |   |                        |   |                            |   | CLAIMS FEE TOTAL | = | \$0.00                   |

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 9/17/2004

By 

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